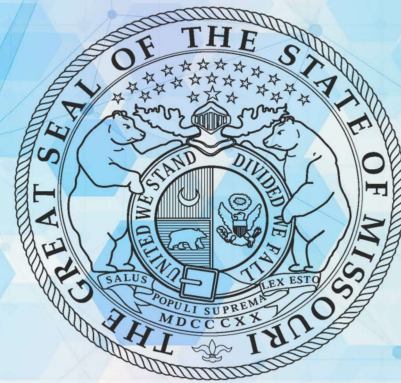


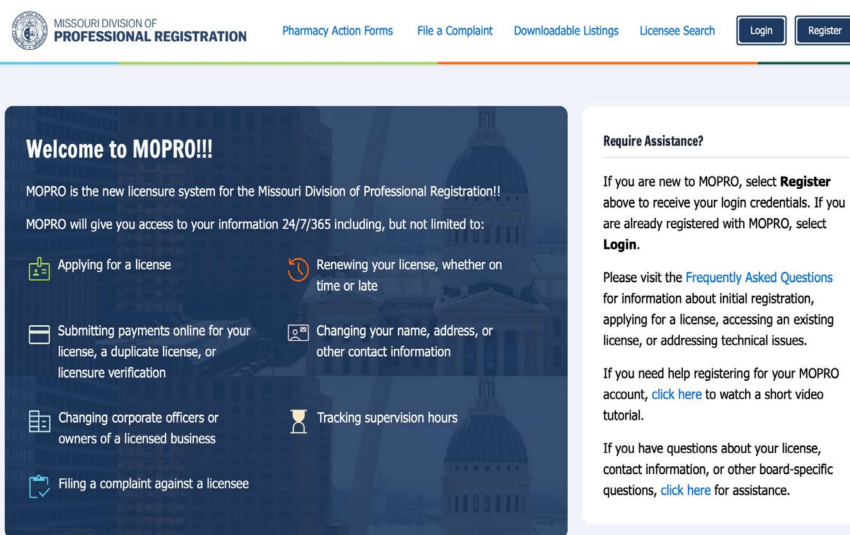


SPRING 2026 EDITION

TECHNICIAN RENEWALS ARE OPEN!

Pharmacy technician renewal notices were e-mailed on March 1st. Pharmacy technicians should login to their [MOPRO](https://mopro.mo.gov/license/s/) license portal account to renew: <https://mopro.mo.gov/license/s/>. Pharmacy technicians must renew by May 31st at 11:59 p.m. Renew early to avoid delays! A few tips:

- Click "Login" on the [MOPRO](https://mopro.mo.gov/) webpage to access your [MOPRO](https://mopro.mo.gov/) account. Your [MOPRO](https://mopro.mo.gov/) user name is the e-mail you used to register in [MOPRO](https://mopro.mo.gov/).
- Need to change your e-mail? Login to [MOPRO](https://mopro.mo.gov/) using your old e-mail account. Click your portal profile icon and change your e-mail address. An e-mail will be sent to your new e-mail address with a link to confirm the new address and update your account. Click on the link and follow the prompts. Note: *Your [MOPRO](https://mopro.mo.gov/) user name will change to your new e-mail address after the e-mail change is confirmed.*
- Forgot your password? Click Login on the [MOPRO](https://mopro.mo.gov/) portal page and select "Forgot Password." A link will be sent to the e-mail address on your [MOPRO](https://mopro.mo.gov/) account to reset your password.
- Name Changes: A separate Name Change application must be completed to change your name before your renewal. Name changes cannot be made on your renewal. Login to your [MOPRO](https://mopro.mo.gov/) portal and select license amendments to complete an online application. Legal documentation must be submitted showing the name change (updated driver's license, marriage certificate, court order, divorce decree, etc.) You can renew under your updated name after your Name Change application is submitted and approved by the office.
- Printing: [MOPRO](https://mopro.mo.gov/) will give you an option at the end of your renewal application to have a new license printed and mailed to your home address. Select "Yes" if you would like a printed license mailed. Your license will not be mailed unless you choose the "Yes" option. Free copies of a renewed license can also be printed through the [MOPRO](https://mopro.mo.gov/) online license portal. To print, login to [MOPRO](https://mopro.mo.gov/) and select the "eye" icon next to your license; Click the download a copy of my license button then print.



UPCOMING RULE CHANGES

Final orders of rulemaking have been filed for the following rule amendments that are scheduled to be effective in July 2026:

- 20 CSR 2220-2.200 (Sterile Compounding): Adopts USP Chapter 797 with Missouri specific modifications.
- 20 CSR 2220-2.400 (Radiopharmaceuticals): Adopts USP Chapter 825 with Missouri specific modifications.

The final rules will be available on the Missouri Secretary of State's [official website](#) in July 2026. The original rule amendments are available in the January 15, 2026, Missouri Register at: <https://www.sos.mo.gov/default.aspx?PageID=10598> (no changes were made in the final orders).



Board inspection staff will be hosting a webinar in June/July 2026 to review rule changes, including specific Missouri requirements/allowances. The webinar will be free and eligible for Board approved continuing education. Monitor the "[Upcoming Events](#)" section of the Board's website and the Board's e-alerts for webinar date(s) and registration information: <https://pr.mo.gov/boards/pharmacy/upcomingevents.pdf>

UNDER REVIEW:

The Board will be reviewing amendments to the Board's long-term care rule in the spring of 2026 ([20 CSR 2220-2.140](#)). Interested parties should monitor the Board's website for meeting updates/rule drafts. Have a comment/suggestion? Please e-mail the office at: Compliance@pr.mo.gov

UMPJE

The National Association of Boards of Pharmacy (NABP) has announced the launch of the Uniform Multistate Pharmacist Jurisprudence Examination® (UMPJE™). The UMPJE™ is a tool available to state boards of pharmacy to help assess licensure candidates' knowledge of general principle of state law that may be applicable to all jurisdictions.

NABP will begin administering the UMPJE™ in the Spring of 2026. The Missouri Board of Pharmacy's Executive Director participated in early discussions with NABP on UMPJE™ development and potential state adoption. The Missouri Board is monitoring developments and will consider adopting/allowing the UMPJE once additional applicant/licensee data is available (e.g., pass/fail rates, applicant accessibility). At this time, all new Missouri pharmacist applicants must complete the Multistate Pharmacy Jurisprudence Examination (MPJE®) that is specific to Missouri law (the NAPLEX® is also required for exam candidates). Interested parties should monitor the Board's website for additional updates and upcoming public comment opportunities.

IDENTIFICATION BADGES

The Board has encountered pharmacy staff not wearing required name/identifying badges while working during recent inspections. As a reminder, all Board licensees and registrants are required to wear an identification badge or a similar identifying article that shows the licensee's/registrant's name and title when practicing or assisting in the practice of pharmacy. [[20 CSR 2220-2.010\(1\)\(L\)1.](#)]

- Licensees have asked about using abbreviated names or nicknames. This is in the permit holder's discretion, however, the public and the Board should be able to easily identify staff if needed.
- The ID badge must include the licensee's/registrant's name and title (e.g., pharmacist, pharmacy technician, intern pharmacist). Abbreviations may be used if the public can easily identify the individual's license/registration title (e.g., RPh, PharmD, Intern or Tech.).
- ID badges with just "CPhT" or "clerk" or "manager" are not compliant. Patients should be able to easily distinguish when they are talking with a pharmacist and when they are talking with an intern pharmacist or a pharmacy technician.

PUBLIC LICENSE REQUESTS

20 CSR 2220-2.220-2.010 provides that a copy of a licensee's Board-printed license or registration must be immediately retrievable or available to the public if requested. This means that a paper copy of a Board license/registration must be shown or made visible if a member of the public asks. The Board has removed address information from all individual licenses to address security concerns. Licensees have asked if the public has a right to take pictures of a Board license/registration. Allowing the public to take pictures is not required by Board rule and is in the licensee's/registrant's discretion.

IV CLINICS

The Board has received questions regarding IV hydration or therapy clinics being operated in Missouri and potential unlicensed activity. All complaints are reviewed by Board staff to determine if the conduct falls under the Board's jurisdiction or relates to the practice of pharmacy. Complaints under the Board's jurisdiction are processed and/or referred for legal action as appropriate, including complaints of suspected unlicensed drug distribution.

The Board does not have jurisdiction over physician or healthcare provider dispensing/practice activities. This includes delegation of medication administration to a third party under the physician's/healthcare provider's practice authority. Complaints outside of the Board's jurisdiction are referred to the appropriate licensing board (Missouri Board of Registration for the Healing Arts, State Board of Nursing, the Missouri Dental Board, etc.) Licensees or the public can submit a complaint directly to a licensing board within the Missouri Division of Professional Registration using the MOPRO online complaint form: <https://mopro.mo.gov/license/s/complaint-form>

FREE HUMAN TRAFFICKING CONTINUING EDUCATION

Pharmacists are nationally recognized as one of the most accessible healthcare providers and may have a unique opportunity to identify and interact with victims of human trafficking. According to the National Human Trafficking federal website:

Human trafficking occurs when a trafficker uses force, fraud or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor or services against his/her will. Force, fraud, or coercion need not be present if the individual engaging in commercial sex is under 18 years of age.

The National Human Trafficking Resource Center (NHTRC) has published a free online guide for health care providers entitled: ["Identifying Victims of Health Trafficking: What to Look for in Health Care Settings"](https://acf.gov/sites/default/files/documents/otip/soar_nhtrc_what_to_look_for_in_health_care_settings.pdf) to help healthcare providers identify and assist potential victims (available at: https://acf.gov/sites/default/files/documents/otip/soar_nhtrc_what_to_look_for_in_health_care_settings.pdf)

According to the NHTRC, some "Red Flags and Indicators" of human trafficking may be if a patient:

- Shares a scripted or inconsistent history
- Is unwilling or hesitant to answer questions about the injury or illness
- Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them
- Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer)
- Demonstrates fearful or nervous behavior or avoids eye contact Is resistant to assistance or demonstrates hostile behavior Is unable to provide his/her address
- Is not aware of his/her location, the current date, or time
- Is not in possession of his/her identification documents
- Is not in control of his or her own money Is not being paid or wages are withheld

This list is not exhaustive; Additional red flags and indicators are available in the NHTRC guide. The NHTRC has advised *"each indicator taken individually may not imply a trafficking situation and not all victims of human trafficking will exhibit these signs. This list is intended to help you assess if a patient's condition may be a result of a trafficking-related trauma and should be considered in context."*

Suspect Human Trafficking? For urgent situations, the Missouri Attorney General's Office recommends notifying local law enforcement immediately by calling 911.

Licensees/the public can also call the National Human Trafficking Hotline toll-free at 1-888-373-7888, a national 24-hour, multilingual anti-trafficking hotline. The Missouri

Attorney General's Office recommends using the Hotline to report a tip, connect with anti-trafficking services in your area, or to request training and technical assistance, general information, or specific anti-trafficking resources.

FREE WEBINAR: The University of Texas at Austin College of Pharmacy is offering a **free, ACPE accredited** continuing education (CE) program for pharmacists and pharmacy technicians entitled "[Human Trafficking Prevention: Identifying and Responding to Victims of Human Trafficking for Pharmacists & Pharmacy Technicians \(2024\)](https://utpharmacyce.learningexpressce.com/index.cfm?fa=view&eventID=27008)". The virtual program is ACPE approved for 1.50 CE hours and is available online at: <https://utpharmacyce.learningexpressce.com/index.cfm?fa=view&eventID=27008>

PHARMACISTS GET READY TO RENEW

Pharmacist renewals will open on August 1st! Renewal notices will be e-mailed to your e-mail address of record and must be completed/submitted before October 31st. Renewals can be completed through the [MOPRO](#) online licensing portal. If you haven't done so already, visit the [MOPRO](#) portal and click Register to create your [MOPRO](#) portal account.

- Need help registering your MOPRO account? A short [instructional video](https://www.youtube.com/watch?v=0AfO3SynotU&t=1s) is online at <https://www.youtube.com/watch?v=0AfO3SynotU&t=1s>. The video will help you register your account and introduce you to some of the [MOPRO](#) features!
- **Check your CE:** Pharmacists must have completed thirty (30) hours of continuing education (CE) to renew. CE must have been earned between **November 1, 2024**, and **October 31, 2026**. Up to a \$1,000 delinquency fee will apply for late/delinquent CE. **All Missouri pharmacists who renew in 2026 will be audited for CE compliance.** Avoid late fees and legal action. Check your NABP CPE Monitor® Account and your personal CE records to make sure your hours are completed before you renew.

See rule [20 CSR 2220-7.080](#) for complete CE requirements; A CE chart is also available in the [Missouri Pharmacist Practice Guide \(Section B.3\)](#).

****New pharmacist licenses issued by the Board on or after November 1, 2025 are exempt from CE for the 2026 renewal period.**

GOLD CERTIFICATES

Congratulations to our newest "gold certificate" pharmacists who have maintained a Missouri pharmacist license for 50 years:

J W McHaffie
Valerie F. Boelsen
Ilana M. Widders
Leo Zibert

UPCOMING DATES

- April 8-9, 2026 (Jefferson City)
- May 20, 2026*
- June 17, 2026*
- July 15-16, 2026 (Jefferson City)
- August 12, 2026*
- September 9, 2026*
- October 14, 2026 (Jefferson City)

*Virtual/Conference Call

BOARD DISCIPLINE

DRUG DISTRIBUTION:

Hohenschild Welders Supply Company, LLC., #2026002716, Kansas City, MO. Two (2) years probation. Failed to file a change of ownership application and distributed RX only Nitrogen NF prior to renewing the permit. Section 338.055.2 (6) RSMo.

PHARMACISTS:

Anderson, Emily E., #2018002684—Godfrey, IL. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

Boelling, Nathan, #2017034441—St. Charles, MO Voluntarily surrendered and cannot reapply for five (5) years. Suspected of working while impaired; convicted of DWI-alcohol in 2020, two DWI-drugs in 2023, and careless and imprudent driving in 2023. Section 338.055.2 (13), (15) and (17), RSMo.

Castor, Jeffrey, #2015031920—Coweta, OK. Revoked and cannot reapply for two (2) years. As pharmacist, failed to provide documentation and maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

Crosetti, Sean M., #2015000846—Grain Valley, MO. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

PHARMACIES:

CVS #10003, #2013026369, Branson, MO. Three (3) years probation. Failure to maintain adequate security to deter theft of drugs and diversion of controlled substances. Section 338.055.2 (6), (13) and (15), RSMo.

CVS #18040, #2020014811, St. Louis, MO. Three (3) years probation. Administered RSV vaccinations under the authority of the protocol physician when the vaccinations were ordered by different prescribers. Section 338.055.2 (6) and (13), RSMo.

Hill Derm Pharmacy Inc., #2020005638, Sanford, FL. Public Censure. Operated for over two (2) years under the supervision of a PIC who had not been designated with the Board. 338.055.2 (6) and (13) RSMo.

Walgreens #04557, #2022045325, Topeka, KS. Public Censure. Operated for over one (1) year under the supervision of a PIC who had not been designated with the Board. 338.055.2 (6) RSMo.

Walgreens #05552, #2000172880, O'Fallon, MO. Public Censure. Failed to maintain adequate security to deter theft of drugs and diversion of controlled substances. Section 338.055.2 (13) and (15), RSMo.

PHARMACY COMPLIANCE NEWS – FIRST QUARTER 2026



(The following information was provided by the National Association of Boards of Pharmacy and is reprinted with permission of NABP. This information is provided for informational purposes only and does not express or represent the views or opinions of the Missouri Board of Pharmacy.)

USP REPORTS 98 DRUG SHORTAGES IN 2024, AVERAGE DURATION NOW OVER FOUR YEARS

The United States Centers for Disease Control and Prevention (CDC) has adopted “individual-based decision-making” for its adult and child immunization schedules for COVID-19 vaccinations. The individual-based decision-making approach means that CDC recommends patients consult a health care professional to discuss the risks and benefits of a COVID-19 vaccine before deciding if it is appropriate for the patient.

Additionally, CDC is advising that toddlers be immunized against chickenpox (varicella) separately, rather than as part of the measles, mumps, and rubella dose. According to CDC, the new recommendation of a stand-alone chickenpox vaccination for toddlers through age three follows evidence presented to the Advisory Committee on Immunization Practices by the CDC Immunization Safety Office, showing that healthy toddlers from 12-23 months old may have an increased risk of febrile seizure seven to 10 days after vaccination for the combined measles, mumps, rubella, and varicella vaccine compared to those given immunization for chickenpox separately. The Trump Administration’s vaccine shift in the national immunization policy is discussed further in the November/December 2025 issue of Innovations®.

ISMP SAFETY BRIEF: WRONG DRUG ERROR INVOLVING RETURN-TO-STOCK VIAL

This column was prepared by the Institute for Safe Medication Practices (ISMP), an Emergency Care

Research Institute affiliate.

A pharmacy reported an incident in which a patient inadvertently received a mixture of two controlled substances (CS). The prescription was for HYDROcodone-acetaminophen, but during the filling process, a pharmacy technician mistakenly retrieved both a manufacturer’s bottle of HYDROcodone-acetaminophen and a return-to-stock (RTS) bottle of oxyCODONE-acetaminophen. The technician poured the contents of the RTS bottle and the manufacturer’s bottle onto an Eyecon counting machine. This machine uses a camera to visually count and identify incorrect solid oral dosage forms. However, according to the reporter, the tablets of both drugs look nearly identical, with very similar shapes, and thus the counting machine did not recognize that there were two different medications on the counting tray.

The technician completed the dispensing process and passed the prescription to the pharmacist for verification. Unfortunately, the pharmacist also did not recognize that the vial contained a mix of two different medications. The prescription was dispensed, and the patient began taking the medication.

The following day, the patient noticed the presence of different tablets in the vial and contacted the pharmacy. The pharmacy promptly corrected the error, provided the correct quantity of HYDROcodone-acetaminophen, and segregated the oxyCODONE-acetaminophen tablets to be returned with expired medications. The pharmacy reported a number of factors that contributed to this event. First, the pharmacy dispensing system does not print an RTS label with a usable barcode. Instead,

staff manually covers the patient's name with a privacy label when returning a prescription vial to stock. Only the correct manufacturer's bottle of HYDROcodone-acetaminophen tablets was scanned during the Eyecon process; the RTS vial was not. Breakdowns occurred in the manual verification process of the National Drug Code (NDC) of the RTS medication during both dispensing and verification. The pharmacy technician and pharmacist did not notice that the RTS bottle contained a different medication (and NDC). Also, it is thought that the RTS vial of oxyCODONE-acetaminophen was possibly stored on the wrong shelf with bottles of HYDROcodone-acetaminophen. Finally, the visual similarity between the two medications made it difficult to detect the error during counting and verification. Due to the ongoing reports of RTS-related errors and the potential for patient harm, ISMP published its Best Practice 7, "Maximize the use of technology to prevent errors during the return-to-stock (RTS) process," in the ISMP Targeted Medication Safety Best Practices for Community Pharmacy. It is important for both pharmacy dispensing system vendors as well as pharmacies to implement the different elements of this Best Practice.

For example, pharmacy dispensing systems should generate specific labels to apply to prescription bottles that require RTS. The RTS labels should include the drug name, dosage strength, expiration date, description (tablet shape, color, imprint code), and a barcode that can be used when filling a subsequent prescription. Utilize barcode verification throughout the RTS process to ensure the correct RTS label is placed on the correct RTS prescription, and during subsequent prescription fills. After affixing an RTS label to the prescription vial, place the RTS medications on pharmacy shelves and, as appropriate, use these to fill subsequent prescriptions. Develop functionality to automate and guide the use of available RTS medications to fill prescriptions before reverting to sending prescriptions to an automated

dispensing system for filling.

The reporting pharmacy also identified opportunities to enhance their CS perpetual inventory process. At the time of the event, dispensed quantities were documented electronically only after dispensing. The pharmacy is now exploring ways to incorporate a pre-dispensing inventory check, especially for medications with RTS vials, to improve accuracy and accountability.

SUPPORT FOR PATIENTS AND COMMUNITIES REAUTHORIZATION ACT OF 2025 SIGNED INTO LAW

The SUPPORT for Patients and Communities Reauthorization Act of 2025 was signed into law. This legislation renews funding for programs that address the prevention of, treatment for, and recovery from substance use disorder and mental health conditions.

Additionally, the bill expands support resources for first responders and employment services for people in recovery, as well as temporarily permits a regional technician assistance center to help with the National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support.

The act also requires the US Department of Health and Human Services to strengthen the National Suicide Prevention Lifeline program against cybersecurity threats, institute a Federal Interagency Work Group on Fentanyl Contamination of Illegal Drugs, and review the scheduling of approved products that contain buprenorphine and naloxone.

FDA PROPOSES STREAMLINING BIOSIMILAR RESEARCH AND ADVANCING INTERCHANGEABILITY

Food and Drug Administration (FDA) has proposed streamlining its biosimilar products research process. The agency is also planning to advance interchangeability to allow biosimilars to be interchangeable with brand-name biologics. FDA



argues that comparative efficacy studies may not be necessary for supporting a demonstration of biosimilarity and instead recommends developers consider conducting a comparative analytical assessment to test the differences between the biosimilar and its reference product.

NEW USP RESOURCES TO AID IN IMPURITY PROFILING OF GLP-1 AGONISTS FOR MANUFACTURERS

United States Pharmacopeia (USP) has published resources to support product quality for glucagon-like peptide-1 (GLP-1) agonists. The new resources include a set of reference standards and analytical reference materials for exenatide, liraglutide, and semaglutide to be used by pharmaceutical manufacturers. Additionally, USP has also prepared information sheets for testing the purity of products and an infographic detailing the workflow of synthetic peptide drug substances and drug products.

FDA ISSUES LABELING CHANGES TO TRANEXAMIC ACID INJECTION

Food and Drug Administration (FDA) is requiring changes to the prescribing labels for tranexamic acid injections after receiving medication error reports of the acid administered intrathecally or as an epidural injection. Tranexamic acid injection is intended for short-term use to reduce or prevent hemorrhage in patients with hemophilia and should only be administered intravenously. The changes to prescribing labels include a boxed warning that informs about the risks of neuraxial administration of the tranexamic acid injection, a statement that it should not be administered neuraxially, and an update to the dosage and administration section outlining instructions for preparing and delivering the diluted solution.

ABC'S NIGHTLINE EPISODE INVESTIGATES THE DANGERS OF ILLICIT GLP-1 MEDICATIONS SOLD ONLINE

In an October 2025 episode of Nightline, ABC News investigated fake glucagon-like peptide-1 (GLP-1) drugs sold online. According to its research, online sellers are misspelling the

brand names of GLP-1 products in order to skirt authorities and peddle counterfeit versions of the weight loss drug. These sellers often highlight that the product does not require a prescription, and they will only accept payments through Bitcoin or cash apps – two signals that the products are not legitimate medications.

Nightline encourages viewers to verify before they buy using the Safe Site Search Tool on the NABP Safe Pharmacy website.

This website from NABP provides educational information that helps consumers understand why they should only buy from verified, legitimate websites that comply with NABP patient safety and pharmacy practice standards or applicable laws, including requiring prescriptions for prescription medications.

WHO REPORT OUTLINES STRATEGIES FOR IMPROVING ACCESS TO BLOOD PRESSURE MEDICATIONS

In 2024, 1.4 billion people lived with hypertension, but only about one in five were able to manage it with medications or by addressing certain health risks, according to World Health Organization's (WHO's) recent report. Limited access to blood pressure treatments, along with inconsistent protocols and insufficient training for health care teams, is among the challenges many countries face. The report outlined strategies for strengthening procurement and supply chains and improving prescribing and dispensing processes.

NABP SHARES TOOLS TO HELP BUSINESSES PREPARE FOR AN INSPECTION OR ACCREDITATION SURVEY

In a recent article published in Drug Topics, NABP shares tools and resources to prepare for an inspection or accreditation on-site survey. NABP's accreditation programs are intended to verify the quality and safety of pharmacy and wholesale distributor operations. Businesses can prepare for an on-site inspection, accreditation, or review by evaluating policies and procedures, conducting ongoing reviews to assess areas for improvement, preparing necessary documents for the on-site visit, and organizing a mock inspection or survey.